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Insertion to “MEDICAL CARE” and “DENTAL CARE” Booklets (Summary Plan Descriptions) Effective 1/1/98

This two-sided sheet contains updated important information about your WSRC, BSRI, BNFL and B&W medical benefits and/or dental benefits (depending on your eligibility for the WSRC & BSRI medical and dental plans) and becomes a permanent part of your WSRC & BSRI Benefits Handbook. This document should be filed in the front part of your Handbook as an addendum.

“MEDICAL CARE” Booklet

On page 28, in the top left block, delete the wording in parentheses, “(Limited to \$225* Per Person Per Year),” because there is no specific dollar limit on pediatric preventive care benefits. Also, delete the asterisk and statement at the bottom of the page which says “The \$225 limitation includes a well-care examination, clinical laboratory tests and x-rays performed in the doctor’s office in which there is no corresponding diagnosis (routine, well-care only) and immunizations provided as part of the routine physical examination.”

On page 33, in the list of Charges Not Covered by the Options, delete the item “For expenses incurred after December 31, 1996, services not reported within fifteen (15) months from the date of service or within one (1) year from the end of the plan year, whichever is later” and replace it with the following:

- “Services not reported to the Claims Administrator within fifteen (15) months from the date of service,”

On page 37, delete the first sentence beginning with “When you are retired from the WSRC Team...” and replace it with the following:

- “When you are retired from the WSRC Team and are eligible for Medicare, Medicare becomes your primary medical coverage.”

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On page 38, in the paragraph beginning with “File claims promptly...,” delete the first two (2) sentences and replace them with the following:

- “File claims promptly so you don’t lose track of expenses. Remember, if you don’t file a claim within the specified time limit after you incurred a medical expense (that is, within 15 months from the date of service), it will not be covered by your Prime, Standard or Basic Choice Medical option.”

“DENTAL CARE” Booklet

On page 15, in the list of Charges Not Covered by the Options, delete the item “For expenses incurred after December 31, 1996, services not reported within fifteen (15) months from the date of service or within one (1) year from the end of the plan year, whichever is later” and replace it with the following:

- “Services not reported to the Claims Administrator within fifteen (15) months from the date of service.”

On page 18, in the paragraph beginning with “2- File claims promptly...,” delete the first two (2) sentences and replace them with the following:

- “2- File claims promptly or have your dentist file your claims so you don’t lose track of expenses. Remember, if you don’t file a claim within the specified time limit after you incurred a dental expense (that is, within 15 months from the date of service), it will not be covered by your Prime or Standard Choice Dental option.”

The WSRC Team includes Westinghouse Savannah River Co. (WSRC), Bechtel Savannah River, Inc. (BSRI), British Nuclear Fuels, Ltd., Savannah River Corp. (BNFL), and Babcock and Wilcox Savannah River Co. (B&W).

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***Insertion to “MEDICAL CARE”
Booklet (Summary Plan
Description) (effective 1/1/98) of
WSRC and BSRI Benefits Handbook***

This two-sided sheet contains important information about your WSRC Team benefits under the Prime Choice, Standard Choice and Basic Choice Medical Plans. This insert becomes a permanent part of the new “Medical Care” booklet (1/1/98) of your WSRC & BSRI Benefits Handbook.

(1) On page 9, add the following item under the list of expenses that count toward your deductible (under the “Yes” column):

- Expenses for other covered services in which there is no Preferred Provider Network established by Blue Cross Blue Shield (for example, professional ambulance transportation and service)

(2) On page 12, insert the following in the chart that shows the Summary of the Medical Options:

Expenses	Prime Choice		Standard Choice		Basic Choice
	Network Provider	Non-Network Provider	Network Provider	Non-Network Provider	
Other Covered Services in which there is no Preferred Provider Network established by Blue Cross Blue Shield (for example, Professional Ambulance Transportation and Service)	Not Applicable	80% R&C After Deductible	Not Applicable	80% R&C After Deductible	80% R&C After Deductible

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(3) On page 40, replace the first paragraph with the following:

If you are involuntarily laid off from the WSRC Team and are a full-service employee, you may elect to receive Section 3161 extended medical benefits (as provided under the National Defense Authorization Act federal workforce restructuring initiatives) in lieu of COBRA Continuation Coverage, if Section 3161 extended medical benefits are available at the time you are involuntarily laid off.

(4) On page 41 under the “COBRA Continuation Coverage” section, replace the fourth sentence (beginning with “In a divorce situation”) with the following:

In a divorce situation or your dependent’s loss of eligibility, you must notify Benefits Administration within 60 days of the date of the qualifying event (for example, the date of the final divorce decree) or COBRA continuation coverage cannot be offered to your dependent(s).

If you have a qualifying event that could cause you or your dependent(s) to lose coverage, the length of your COBRA continuation period is decreased by the period of continuation of coverage, if any, by any applicable WSRC/BSRI plans. For example, assume you are declared by the Company as Totally and Permanently Disabled on November 1, 1998 and your WSRC/BSRI medical coverage continues for 24 months. Then, on November 1, 2000, COBRA continuation coverage could be opted by your dependent(s) for the remainder of the COBRA eligibility period (through the end of the 36-month period from the time you became a T&P recipient). If COBRA is elected, COBRA premium payments for your dependent(s) would begin on November 1, 2000 and continue through October 31, 2001 in order for your dependent(s) to have continued medical coverage for the maximum allowable time.